

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 14 TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4947a Potomac St.		d. STREET ADDRESS (If rural, give location) 4947a Potomac St.	

3. NAME OF DECEASED (Type or Print) NELLIE	a. (First)	b. (Middle) Lane	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 14 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 28, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brown County, Ohio	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William A. Hutchison	13b. MOTHER'S MAIDEN NAME Frances J. Payne	14. NAME OF HUSBAND OR WIFE Late Hanson C. Lane
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hester Lane 4947a Potomac St.
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19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia (monocytic)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 20 ft. 2
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22. I hereby certify that I attended the deceased from Nov. 21, 1947, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Henry Rosefield M.D.	23b. ADDRESS 3403 Olive St. St. Louis	23c. DATE SIGNED July 14, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)	24b. DATE 57-16-50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Manchester, Ohio
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DATE REC'D BY LOCAL REG. JUL 15 1950	REGISTRAR'S SIGNATURE J. B. Karater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4229 S. Kingshighway Bl.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3907 Oline M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Edwin A M Gernatt

Signed.....  
Student Embalmer

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.